Form (RF-3)

Ch	ange in Company's premium or rate level produced	by rate revision effective	7/1/2014
	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
	Liability Other Than Auto		
	Burglary and Theft	-	
_	Glass		
6	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
11,	Inland Marine		
	Homeowners		
13.	Commercial Multi-Peril		
14			
15.	Other Workers Compensation	\$8,256,000	-5.8 %
	Line of Insurance		
Doe	s filing only apply to certain territory (territories) or	certain classes? If so, specify:	No
Brie	f description of filing. (If filing follows rates of an atto adopt the approved NCCI Circulars IL-2013-03	and IL-2013-06 with a delayed e	ffective date of 7/1/2014.
	We are also revising minimum premiums to have	a lower bound of \$500 for non-M	aritime and federal classes.
*Ad	ljusted to reflect all prior rate changes. nange in Company's premium level which will resul	it from application of new rates.	
		Erio Insurance	Flagship City Fns. &
		# Name of C	Company
		Kass kuter l	4
		Ross C. Fonticella, ACAS, MAA	Ā
		Vice President and Manager	
		Official	- Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate level produced	by rate revision effective	7/1/2014
	(1)	(2)	(3)
	117	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1	Automobile Liability	voidine (initiois)	Change (* Or -)
١.	Private Passenger		
	Commercial		
2	Autobobile Physical Damage		
	Private Passenger		
	Commercial	, <u> </u>	
3.	Liability Other Than Auto	A CONTRACTOR OF THE CONTRACTOR	
3. 4.	Burglary and Theft		
	Glass		
	Fidelity		
7.	•		
8.	Boiler and Machinery		
	Fire		
	Extended Coverage		•
	Inland Marine	-	
-	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	62.040.000	-5.8 %
13.	Line of Insurance	\$2,040,000	-5.8 70
	the of insurance		
Doe	s filing only apply to certain territory (territories) or	certain classes? If so, specify:	No
	, J,,, (, (
Brie	f description of filing. (If filing follows rates of an ac	dvisory organization, specify orga	nnization): This filing is
	to adopt the approved NCCI Circulars IL-2013-03		
	We are also revising minimum premiums to have		
*Ad	ljusted to reflect all prior rate changes.		
**Ci	nange in Company's premium level which will result	t from application of new rates.	
	•		
		Erie Insuranc	e Company
	•	Name of C	ompany
		the transmitted	•
		For Extrable	
	•	Ross C. Fonlicella, ACAS, MAA	A
		Vice President and Manager	

Officia! - Title

Form (RF-3)

Cha	ange in Company's premium or rate level produced	by rate revision effective	7/1/2014
	(1)	(2)	(3)
	·	Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		****
	Private Passenger		
	Commercial		
2	Automobile Physical Damage		
	Private Passenger		
	Commercial		
2			
3.	Liability Other Than Auto		
4.	Burglary and Theft		
	Glass		
	Fidelity		
7	Surety		
	Boiler and Machinery		
9	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners	<u> </u>	
	Commercial Multi-Peril		
	Crop Hail		
15		\$3,728,000	<u>-58%</u>
	Line of Insurance		
Dos	es filing only apply to certain territory (territories) or	certain classes? If so, specify:	No
Rrie	f description of filing. (If filing follows rates of an a	dvisory organization, specify org	anization): This filing is
٠. ، د	to adopt the approved NCCI Circulars IL-2013-03		
	We are also revising minimum premiums to have		
	The state of the s	<u> </u>	
*Ac	ljusted to reflect all prior rate changes.		
	nange in Company's premium level which will resul	It from application of new rates	
٠.	idigo in company o promium level trinen tim reco.	t nom application of her fates.	
		Erie Insurance Cor	npany of New York
		Name of	
		1 + 1,	•
		Mein-terebour la	á.
		Ross C. Fonticella, ACAS, MAA	VA
		Vice President and Manager	w 1
		Official	- Title
		Official	- INC

Ch	ange in Company's premium or rate level produced	d by rate revision effective	7/1/2014
	(1)	(2)	(3)
		Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	**************************************	
	Commercial	1.50	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		**
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		-
	Commercial Multi-Peril		***************************************
	Crop Hail		
	Other Workers Compensation	\$10,638,000	-5.8 %
	Line of Insurance	***************************************	
Doe	es filing only apply to certain territory (territories) or	r certain classes? If so, specify:	No
Brie	f description of filing. (If filing follows rates of an a		
	to adopt the approved NCCI Circulars IL-2013-03	3 and IL-2013-06 with a delayed ef	fective date of 7/1/2014.
	We are also revising minimum premiums to have	a lower bound of \$500 for non-Ma	aritime and federal classes.
*Ac	ljusted to reflect all prior rate changes.		
**CI	nange in Company's premium level which will resu	Ilt from application of new rates.	
		Erie Insurance	Exchange
		/ Name of Co	ompany
		who hat it	
		XIII / C. MUU U.R.	
		Ross'C. Fonticella, ACAS, MAAA	
		Vice President and Manager	•
		Official -	Title

Ch	ange in Company's premium or rate level produced	by rate revision effective	7/1/2014
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1	Automobile Liability	voidine (initiolo)	<u>Ondirect. or 1</u>
٠.	Private Passenger		
	Commercial		
2		<u> </u>	
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.			
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	10000	
9.	Fire	-	
10	Extended Coverage		
	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$139,000	-5.8 %
10.	Line of Insurance	000,000	-5.0 78
	Line of madrance		
Doe	es filing only apply to certain territory (territories) or	certain classes? If so specify:	No
000	is ming only apply to certain territory (territories) or	certain classes: If so, specify.	110
Rcie	of description of filing. (If filing follows rates of an ad-	dvisory organization, specify orga	anization): This filing is
U 110	to adopt the approved NCCI Circulars IL-2013-03		
	We are also revising minimum premiums to have		
	vvc are also revising minimum premiums to have	a lower bound of \$500 for fiori-in	antime and leveral classes.
* ^ -	ljusted to reflect all prior rate changes.		
***	hange in Company's premium level which will resul	t from application of new rates	
CI	hange in Company's premion level which will lesur	t from application of new rates.	
		Erio Inquenno Dea	another Consults
		Erie Insurance Pro	
		Name of C	ompany ,
		dea butter	
		X Fig Cource	
		Ross C. Fonticella, ACAS, MAA	4
		Vice President and Manager	
		Official -	- Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	ate level produced by rate revision
effective 08/01/2014	

					
	(1)	(2)	(3)		
-	()	Annual Premium	Percent		
~	Coverage	- Volume (Illinois) *	Change (+or-) **		
1.	Automobile Liability Private	volume (minora)			
	Passenger				
	Commercial				
,	Automobile Physical Damag				
	Private Passenger		•		
	Commercial				
	Liability Other Than Auto				
	Burglary and Theft	· · · · · · · · · · · · · · · · · · ·			
	Glass				
	Fidelity				
	Surety				
	Boiler and Machinery				
	Fire				
).	Extended Coverage				
, .	Inland Marine				
	Homeowners				
 },	Commercial Multi-Peril	- 			
). }.	Crop Hail				
).	Other Workers Compensation	40.770.047	0.0		
,.	Life of Insurance	16,779,017	-2.6		
	Life of frisurance				
	Does filing only apply to certain territory (territories) or certain				
	Classes? If so,	• • • • • • • • • • • • • • • • • • • •			
	specify: None				
	Brief description of filing. (If filing follows rates of an advisory				
	Organization, specify		·		
	organization):	Adopt NCCI 01/01/14 rate	es effective 08/01/14. In addition to		
	changing the previously approved devia	tions.			
	*Adjusted to reflect all prior rate changes.				
	**Change in Company's prem	nium level which will resu	It from application of new		
	rates.				
		Star Insurance Co	mpany		
		Na	me of Company		
		Compliance Analys			
			Official – Title		